

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393

DC METRO AREA (202) 366-0123

INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

28-NOV-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

875629

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at front of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES46C5YD571384	DODGE	NEON	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbell ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 24000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN REAR END COLLISION, WHICH FORCE CONSUMER VEHICLE INTO ANOTHER VEHICLE IN FRONT OF THIER. A IMPACT OF 40-45 MPH; BOTH AIR BAG DID NOT DEPLOYED, VEHICLE WAS CONSIDER TOTAL BY THE INSURANCE COMPANY. ALSO DRIVER SEAT COLLAPES BACKWARD; DEALER AND MFR'S WAS NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER:

CONTINUED ON BACK (REVERSE)

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received: <u>28-NOV-2000</u> Office: <u>OFFICE OF SAFETY INVESTIGATION</u> Reference No.: <u>875629</u>	
OWNER INFORMATION (Type or Print) 657949		Work Number: Home Number:	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner: Date: <u>12/03/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1B3ES48C5YD571384</u>		Vehicle Make <u>DODGE</u>	Vehicle Model <u>NEON</u>
		Vehicle Year <u>2000</u>	Current Odometer Reading
Purchase Date <u>7/1/00</u> ☒ New ☐ Used	Dealer's Name <u>United Auto Dodge</u> City <u>Shreveport</u> State <u>LA</u> Zip Code <u>7110</u>		Engine Size (CID/CC/L) <u>4.8</u> No. Cylinders <u>4</u> ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utl ☐ 2-Door ☐ Van ☐ Truck ☐ 4-Door ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other ☐ Pick Up Truck ☐ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>1211000</u> <u>12310000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u> <u>INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS</u>		Location ☒ Left ☐ Right ☒ Front ☐ Rear
Failed Part(s) ☒ Original ☐ Replacement		No of Failures Date(s) of Failure(s) <u>21-NOV-2000</u> Mileage at Failure(s) <u>24000</u> Vehicle Speed at Failure(s) <u>0-10</u>	
Failed Part(s) Available? ☐ Yes ☐ No		NHTSA Previously Contacted? ☐ Yes ☒ No	
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>
Estimated Property Damage <u>\$ 11,025.00</u>		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE WAS INVOLVED IN REAR END COLLISION, WHICH FORCED CONSUMER VEHICLE INTO ANOTHER VEHICLE IN FRONT. AT AN IMPACT OF 40-45 MP BOTH AIR BAGS DID NOT DEPLOY. VEHICLE WAS CONSIDERED TOTALED BY INSURANCE COMPANY. ALSO, DRIVER'S SEAT COLLAPSED BACKWARD. DEALER AND MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response or a statistical summary thereof, may be used in support of the agency's action.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

After notifying manufacturer, they denied the crash was at a qualifying speed for airbag deployment. The manufacturer, after vehicle inspection, is denied to mention about the seat belt.

★ U.S. G.P.O. 1982-023-857 / 0000

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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